Addendum B

Payroll Self-Certification

(<u>To be completed if Applicant is DOES NOT have Employees</u>)

I (name of business owner)	, owner of (Business
Name)	hereby declare that the
above-named business does not have any employ	vees on payroll.
The contents above, and the assertions made here	ein, are true to the best of my knowledge.
Signature – Building Owner	Date
STATE OF NEW YORK))ss COUNTY OF ERIE)	
On the day of, in personally appeared, personally known to me or to be the individual whose name is subscribed to that he/she executed the same in his/her capacity the individual, or the person upon behalf of which	the within instrument and acknowledged to me, and that by his/her signature on the instrument,
	Notary Public